

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

PLATE NO.

APPLICANT NO.

CLAIMS	AS FILED				AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.				
	1											
1	1								61			
2		1							62			
3			1						63			
4			1						64			
5			1						65			
6			1						66			
7			1						67			
8			1						68			
9			1						69			
10			1						70			
11			1						71			
12			1						72			
13			1						73			
14			1						74			
15			1						75			
16			1						76			
17			1						77			
18			1						78			
19			1						79			
20			1						80			
21			1						81			
22			1						82			
23			1						83			
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27			1						87			
28			1						88			
29			1						89			
30			1						90			
31			1						91			
32			1						92			
33			1						93			
34			1						94			
35			1						95			
36			1						96			
37			1						97			
38			1						98			
39			1						99			
40			1						100			
41			1						TOTAL IND.			
42			1						TOTAL DEP.			
43			1						TOTAL CLMNS			
44			1									
45			1									
46			1									
47			1									
48			1									
49			1									
50			1									

PTO-1380 (2-78)

PRINT IN INK FOR ADDITIONAL CLAIMS OR AMENDMENTS

USE DRAFTING FOR DRAWINGS